

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/030480

FILING DATE

APPLICANT'S

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               | /        |      |                        |      |                        |      |
| 2               |          | /    |                        |      |                        |      |
| 3               |          | /    |                        |      |                        |      |
| 4               | /        |      |                        |      |                        |      |
| 5               |          | /    |                        |      |                        |      |
| 6               |          | /    |                        |      |                        |      |
| 7               |          | /    |                        |      |                        |      |
| 8               |          | /    |                        |      |                        |      |
| 9               |          | /    |                        |      |                        |      |
| 10              |          | /    |                        |      |                        |      |
| 11              |          | /    |                        |      |                        |      |
| 12              |          | /    |                        |      |                        |      |
| 13              | /        |      |                        |      |                        |      |
| 14              |          | /    |                        |      |                        |      |
| 15              |          | /    |                        |      |                        |      |
| 16              |          | /    |                        |      |                        |      |
| 17              |          | /    |                        |      |                        |      |
| 18              |          | /    |                        |      |                        |      |
| 19              |          | /    |                        |      |                        |      |
| 20              | /        |      |                        |      |                        |      |
| 21              | /        |      |                        |      |                        |      |
| 22              |          | /    |                        |      |                        |      |
| 23              |          | /    |                        |      |                        |      |
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| 48              |          |      |                        |      |                        |      |
| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          |      |                        |      |                        |      |
| TOTAL<br>DEP.   |          |      |                        |      |                        |      |
| TOTAL<br>CLAIMS |          |      |                        |      |                        |      |

| *               | *    | *    | *    |
|-----------------|------|------|------|
| IND.            | DEP. | IND. | DEP. |
| 51              |      |      |      |
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| 99              |      |      |      |
| 100             |      |      |      |
| TOTAL<br>IND.   |      |      |      |
| TOTAL<br>DEP.   |      |      |      |
| TOTAL<br>CLAIMS |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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